



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 8, 2024

Lisa Alford
Ashley Court Of Brighton Inc.
7400 Challis Road
Brighton, MI 48116

RE: Application #: AL470417976
Ashley Court -Bldg #1
7400 Challis Rd.
Brighton, MI 48116

Dear Ms. Alford:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AL470417976
Applicant Name:	Ashley Court Of Brighton Inc.
Applicant Address:	7400 Challis Road Brighton, MI 48116
Applicant Telephone #:	(734) 622-0074
Licensee Designee:	Lisa Alford
Administrator:	Lisa Alford
Name of Facility:	Ashley Court -Bldg #1
Facility Address:	7400 Challis Rd. Brighton, MI 48116
Facility Telephone #:	(810) 225-7400
Application Date:	10/17/2023
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

09/14/2023	Inspection Completed-Fire Safety : A Completed for enrollment AL470416347.
10/17/2023	Enrollment
10/17/2023	PSOR on Address Completed.
10/17/2023	File Transferred to Field Office Lansing via SharePoint.
10/20/2023	Application Incomplete Letter Sent.
11/13/2023	Contact - Document Received.
01/03/2024	Application Complete/On-site Needed
01/03/2024	Inspection Completed On-site
01/04/2024	Contact- Document sent/documents requested.
01/07/2023	Contact - Document Received.
01/08/2024	Inspection Completed- Env. Health: A Rating.
01/08/2024	Inspection Completed- -BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Ashley Court Building #1 is a large adult foster care facility located in Brighton, Michigan which is a suburb of Metro Detroit located in the southeast portion of Livingston County. Ashley Court Building #1 is about one mile south of highway I-96. The city of Brighton offers a variety of places to shop, eat, parks, movie theaters, banks, a post office, a library, hospitals and doctor offices. Ashley Court Building #1 is a spacious, 18-bedroom single story ranch style facility. The facility has a large great room/recreation room, kitchen and laundry room. The facility has an enclosed outdoor patio area for residents and families to visit. The outside area is enclosed for resident safety. The facility doors are locked with a 15 second delay egress for resident safety/protection. All visitors entering the building will need to be admitted by a staff member.

The facility can accommodate up to 20 residents. Ashley Court Building #1 is a brown bricked one level ranch style structure with no basement. The front of the facility has a large, covered porch which leads into the building. The facility is equipped with security cameras outside and in the common areas of the facility however the cameras are not currently in working order. The facility has a spacious parking lot with ample parking available for staff and visitors.

The main level of the facility has a roomy layout with 18 resident apartment style bedrooms that are each equipped with a mini refrigerator and cabinets, sitting area, bedroom, and full private bathroom. Wireless internet, laundry services and housekeeping services are included in the daily rate. Cable television and landline phone options are available for an additional fee. Common area televisions are equipped with cable and Netflix. The facility has a large main living room, smaller sitting room, and a large dining/activity space all also available for residents to utilize. Additionally, the facility has a half bathroom for employees and visitors. The facility has an additional full bathroom for resident use that has wheelchair accommodations.

The facility is equipped with a backup generator that runs the entire facility if power goes out. The facility's two entrances/exits are at grade or have a wheelchair accessible ramp. One exit is located at the front, which does contain a wheelchair ramp and another is on the side of the facility at grade. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware. Hallways and door widths inside of the facility are able to accommodate individuals who use wheelchairs to assist with mobility.

The facility utilizes public water and sewage disposal systems. The furnaces and hot water heaters are located on the main floor in an enclosed room equipped with an automatic self-closing device and positive latching hardware. The facility has a mechanical room that house one large water heater and four forced air furnaces. The facility had the boilers inspected by Adams Boiler Company on 12/1/2023 and 8/31/2022. On 9/14/2023 the Bureau of Fire Safety conducted a fire safety inspection and determined the facility to be in substantial compliance with all fire safety rules and issued a fire approval. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician. The facility is also fully sprinkled and the system is fully operational.

All the bedrooms are spacious, including ample closet space, and are all equipped with a one and half hour fire rated door. All apartments contain a mini refrigerator with cabinets, full bathroom, bedroom and living space. Although all of the resident bedrooms are private, each resident bedroom is large enough to accommodate a two same sex roommate or a married couple in the same room, however the applicant understands the license capacity of 20 residents cannot be exceeded. Resident apartments were measured during the on-site inspection and have the following dimensions:

Room	Room Dimensions	Total Square Footage	Total Resident Beds
Apartments	11.50" X 9.17" +11.5" X 9.17" (18 different apartments)	210.91	2
Dining Room	18.66" X 36'50"	681.09	0

Recreation Room	2" X 14" X 17" +12" X 16.5"	674.00	0
-----------------	-----------------------------	--------	---

The indoor living and dining areas measures around 10,000 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. The kitchen and laundry areas are not included in the living space and are not regularly accessed by the residents. Residents do not do their own laundry but may aid in folding clothes should their assessment plan indicate this is appropriate.

Based on the above information, this facility can accommodate twenty residents. Although all resident apartments are large enough to accommodate a same sex roommate or a married couple, the applicant understands the license capacity of 20 residents cannot be exceeded.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to twenty (20) male or female ambulatory or non-ambulatory adults who are aged and/or are diagnosed with Alzheimer’s Disease or related conditions. The applicant is also able to accommodate those who require the regular use of a wheelchair, in the least restrictive environment possible. The program will include opportunities to socialize with one another and direct care staff members through crafts, bingo, coloring, reading, puzzles, watching television and enjoying the outdoors. Family and friends are strongly encouraged to visit as often as possible with their loved one. The applicant intends to accept residents with private sources for payment.

For residents diagnosed with Alzheimer’s disease and/or related conditions, applicant Lisa Alford plans to gather additional assessment information prior to admission to better understand how to the individual’s diagnosis of Alzheimer’s/dementia impacts the individual’s daily functioning so direct care staff members will be properly informed on how to best care for the individual on a daily basis. Direct care staff members will be trained through Teepa Snow Training with a focus on the positive approach to care. The goal of the facility will be to maintain/improve an individual’s current level of physical and mental functioning through daily activities, exercise, stimulating games, home health care and proper nutrition. Additional information will be gathered to determine the individual’s interest so appropriate actives such as music, reviewing phot albums, folding and sorting tasks can assist the resident in daily functioning. Facility direct care staff members will continually assess the individual and make changes as necessary to meet the resident needs.

Facility direct care staff members will continually assess the individual and make changes as necessary to meet the resident needs. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans.

These interventions shall be implemented only by direct care staff trained in the intervention techniques. The licensee will ensure transportation is available for program and medical needs. Facility direct care staff members will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, local parks, recreational activities and planned resident outings as a source of entertainment. Additionally, facility direct care staff members offers supplemental support services such as a mobile dentist, in home physician care, hospice services and various physician prescribed therapy. Applicant Lisa Alford provides ongoing opportunities for continuing education and support relating to diseases and dementia-specific to the population we are providing care for. Staff training is an essential part of delivering quality care to residents. Upon hire, new direct care staff members are required to attend new hire training and shadow with a trained staff member until deemed competent to be able to meet the needs of the residents. To develop problem-solving skills, competency-based training will be obtained through handouts, books, YouTube videos, and hands-on coaching. All staff must exhibit proficiency in handling many varied approaches to behaviors and care. Additional training opportunities will be available through home care providers covering depression, pain management, therapeutic activity programming-tactile, sensory, nutrition and hydration, validation therapy, communication with those with dementia and their support circle, Teepa Snow dementia training through Hospice, behavior management- focus on redirection, engagement, and non-medicinal options, wandering and the risk of elopement, supporting families and caregivers with coping and ethics and end-of-life practices.

C. Applicant and Administrator Qualifications:

The applicant is Ashley Court of Brighton, Inc, a "For Profit Corporation", established in Michigan on August 7, 1997. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The Board of Directors has submitted documentation appointing Lisa Alford as licensee designee and administrator for this facility. Criminal history background checks were completed and Lisa Alford was determined to be of good moral character to provide licensed adult foster care. Lisa Alford submitted a statement from a physician documenting good health and current negative tuberculosis test results.

The licensee designee/administrator Lisa Alford has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Lisa Alford started her career working at another licensed facility in 2014 and worked as a direct care worker for four years. Lisa Alford has worked for this corporation for nine years in various positions including human resources and operations director.

The staffing pattern for the original license of this twenty-bed facility is adequate and includes a minimum of one staff to twelve residents per shift. The applicant acknowledged the staffing pattern may need to change to provide the level of supervision or personal care required by the residents due to changes in their

behavioral, physical, or medical needs. The applicant indicated direct care staff will be awake during sleeping hours. Applicant Lisa Alford acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Applicant Lisa Alford acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Applicant Lisa Alford acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by licensee designee Lisa Alford will administer medication to residents. In addition, applicant Lisa Alford has indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

Applicant Lisa Alford acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, applicant Lisa Alford acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Applicant Lisa Alford acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. Lisa Alford acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis. Lisa Alford acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file. Lisa Alford has an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Applicant Lisa Alford acknowledged that a separate *Resident Funds Part II* BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

Applicant Lisa Alford acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Lisa Alford indicated the intent to respect and safeguard these resident rights. Lisa Alford acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

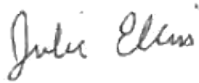
Applicant Lisa Alford acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. Lisa Alford acknowledged that residents with mobility impairments will only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC large group home with a capacity of twenty (20) residents.



1/08/2024

Julie Elkins
Licensing Consultant

Date

Approved By:



01/08/2024

Dawn N. Timm
Area Manager

Date